



The City Of Maricopa Youth Sports Coaching Application

Thank you for your interest in serving as a Youth Sports Coach. Your commitment to providing a quality youth sports experience for area children is to be commended. Please fill out the following form and return it to the Director of Community Services. Please note that all coaches will undergo a criminal background check and a sex offender check. Additionally, by completing this form you agree to adhere to all of the department's policies and philosophies. Failure to do so will result in immediate removal from the team.

<u>Email - Fax - Questions</u> Email: david.aviles@maricopa-az.gov Fax: (520) 568-9120 Questions? (520) 316-6964	<u>By Mail</u> City of Maricopa Community Services P.O. Box 610 Maricopa, AZ 85139	<u>In Person</u> City Hall 45145 West Madison Avenue Maricopa, AZ 85139
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Coach Information						
Name:						
Address:						
City, State, Zip:						
Email:						
Home Phone:		Work Phone:		Cell Phone:		
Youth Sports Background						
Type of Sport Applying For:	T-Ball	Coach Pitch	Basketball	Soccer	Flag Football	Inline Hockey
Mark Only One >>						
Date Of Birth						
Social Security						
Briefly Share Your Youth Sports Philosophy						
What Restrictions Do You Have? (i.e. Travel, Work)						

Signature of Applicant:

Date:

FCRA NOTICE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

City of Maricopa ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (4000 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p><u>New York applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.</p>

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

<p><u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>

<p><u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>

Printed Name	Social Security Number (SSN)
Signature	Date:



**Request for
Background Check**

Customer # 001733

Social Security Number - -	Date of Birth (Month/Day/Year - for identification purposes only) / /
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Full Name (First / Full Middle Name / Last)
Other Names Used (maiden names, AKA names, etc.)

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

City	State	Zip Code	From Date	To Date	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Driver's License Number	State of Issue
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APPLICANT: DO NOT WRITE IN THIS BOX – FOR EMPLOYER USE ONLY:

Your standard package will be automatically performed unless you specify otherwise below:	
<input type="checkbox"/> Perform selected services <i>in addition to</i> standard package	
<input type="checkbox"/> Perform selected services <i>in place of</i> standard package	
<input type="checkbox"/> 39-Month driving record	<input type="checkbox"/> Educational Degree Verification
<input type="checkbox"/> Social Security Address/Alias Trace	<input type="checkbox"/> Personal/Prof. Reference Verification
<input type="checkbox"/> Additional County Criminal History Searches (check box next to addresses above)	<input type="checkbox"/> Professional Licensure Verification
	<input type="checkbox"/> Previous Employment Verification
Phone 602-263-8033 or 1-877-263-8033	Fax orders to 602-274-3551

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